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S. PRATHER

COVER LETTER

TO:	Registration Sectorial Division of Corporate C				
SUBJE	CT.	K FIT PR	LO LLC		
SUBJE	.CI:		Limited Liability Company		
The end	losed Articles of A	mendment and fee(s) are	submitted for filing.		
Please 1	eturn all correspon	dence concerning this man	ter to the following:		
		Ch	avics Ker	uР	_
				•	
		CK FI	T PRO LO		_
		21854 Ro	in bery Park	c Circle	_
			Fon FL 33 City/State and Zip Code		-
			Kemp if bb pr s: (to be used for future armual		COM
For furt	her information cor	ncerning this matter, pleas	e call:		
	Navles Name of I	Kemp Person	at (_954)	675 - 529 7 Daytime Telephone Number	7
				, , , , , , , , ,	
_	d is a check for the	_			
ऑ \$2 5	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee of Certified Copy (additional copy is enc	Certification (Certification)	ate of Status &

Mailing Address:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CK FET PI	Ro "LLC"		PR APR 27
(Name of the Limited Liability (A Florida L	Company as it now appears of imited Liability Company)	n our records.)	727 R 21
			ENG. PO
The Articles of Organization for this Limited Liability Con	npany were filed on <u>3</u>	CL. 10.27	and assigned
Florida document number <u>L2Z000 141467</u>			21
This amendment is submitted to amend the following:			۶' ۲
A. If amending name, enter the new name of the limite	d liability company here	:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the desir	gnation "LLC" or the at	obreviation "L.L.C."
•	, , , , ,		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>(22)</u>		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		, Florida	
	City	,	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Charles Kemp	21854 Rainberry Circle	ØAdd
	·	21854 Rainberry Circle Boca Raton FL 33428	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

If amending any other information, enter change(s) here: (Attach additional sheets, if ned	cessary.)
	
	
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	ional) r filing.) Pursuant to 605.0207 (is date will not be listed as ti
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (lord is filed.	b) The 90th day after the
Dated APRIL 22nd 2022	20 FAL
Dated / (1/1)	رر ≥
Dated / (() ()	E 22 APR LAHA
Signature of a member or authorized representative of a member	FILE
Stent	FILED 22 APR 27 AM 9: LAHASSEE, FLOR

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